

**Collections are due by
the 20th of the month.**

Fee Transmittal for State of Michigan Probate and Circuit Courts

Instructions: Identify the court by checking the appropriate box and complete the required lines as indicated. Follow the filing instructions at the bottom of the form and include the correct number of copies. ***The Family Division of the Circuit Court must report collections on Circuit Court transmittals.***

- Check one: ☐ **Probate Court** - Complete lines 1, 3, 4 & 10. Send original and one (1) additional copy with payment.
- ☐ **Circuit Court** - Complete lines 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11. Send original and five (5) additional copies with payment.

Court Number, Name and Address		County
		Reporting Period (month/year)
Collections Due to the State Treasurer	Account Number	Amount
1. Probate Court Shared Fee Collections - MCL 600.877	228.06	1. _____
2. Attorney General Operations Fund - MCL 600.2538(3)	228.60	2. _____
3. Civil Filing Fee Fund - MCL 600.171	228.58	3. _____
4. State Court Fund - MCL 600.880b	228.42	4. _____
5. Justice System Fund - MCL 600.181	228.59	5. _____
6. Juror Compensation Reimbursement Fund		
Civil Jury Demand Fee - MCL 600.2529	228.57	6a. _____
Drivers License Clearance Fee - MCL 257.321a	228.57	6b. _____
7. Crime Victims Rights Fund - MCL 780.905	228.37	7. _____
8. Convicted Drunk Driver Assessment - MCL 769.1f		
Reimbursement of Allowable Expenses Due State Police	228.47	8a. _____
Reimbursement of Allowable Expenses Due Department of Natural Resources	228.48	8b. _____
9. Judgment Fee - Department of Natural Resources - MCL 324.1609, MCL 324.40119, MCL 324.48740	228.20	9. _____
10. Total Collections Due to the State Treasurer. Add lines 1 through 9. Enter here		10. _____
11. Report the total number of traffic civil infraction cases in the reporting period in which they become paid in full - MCL 600.181. If an error is discovered in the total reported as fully collected in a prior month, adjust the current reporting period total +/- and report the net total fully collected in the reporting period.		
I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes.		
Signature of Preparer	Preparer's Phone Number	Date
Print Name of Preparer	Title	

Mail original form, appropriate number of additional copies and a check, payable to "State of Michigan", in the amount on line 10 to:

Michigan Department of Treasury - Receipts Processing
Lansing, MI 48922

Direct questions to:

Treasury, Local Audit & Finance Division - (517) 373-3227
State Court Administrator's Office - (517) 373-5596
Treasury, Receipts Processing Division - (517) 636-5386

An on-line fillable version of this form is available on the Internet at
www.michigan.gov/treasury
(click on "Local Government" then "Forms/Instructions")